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## **NEWBORN CARE**

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### **FIELD ASSESSMENT/TREATMENT INDICATORS**

Field delivery with or without complications.

### **BLS INTERVENTIONS**

1. When head is delivered, suction mouth then the nose, and check to see that cord is not around baby's neck.
2. Dry infant and provide warm environment. Prevent heat loss (remove wet towel).
3. Place baby in supine position at or near the level of the mother's vagina. After pulsation of cord has ceased double clamp cord at approximately 7" and 10" from baby and cut between clamps.
4. Maintain airway, suction mouth and nose.
5. Provide tactile stimulation to facilitate respiratory effort.
6. Assess breathing if respirations <20 or gasping, provide tactile stimulation and assisted ventilation if indicated.
7. Circulation:
  - a. Heart Rate <100 ventilate BVM with 100% O<sub>2</sub> for 30 seconds and reassess. Repeat if HR remains <100.
  - b. Heart Rate <60 begin chest compressions (rate 120 times/min) and provide BVM ventilation at a rate of 40-60 breaths/min with 100% O<sub>2</sub>, reassess.
8. Central cyanosis is present, utilize supplemental O<sub>2</sub> at 10 to 15L/min using oxygen tubing close to infant's nose and reassess. If no improvement is noted after 30 seconds assist ventilation with BVM
9. Obtain Apgar scoring at one (1) and five (5) minutes. Do not use Apgar to determine need to resuscitate.

**APGAR SCORE**

| <b>SIGN</b>                | <b>0</b>     | <b>1</b>         | <b>2</b>        |
|----------------------------|--------------|------------------|-----------------|
| <b>Heart Rate</b>          | Absent       | < 100/minute     | > 100/minute    |
| <b>Respirations</b>        | Absent       | <20/irregular    | >20/crying      |
| <b>Muscle Tone</b>         | Limp         | Some Flexion     | Active Motion   |
| <b>Reflex Irritability</b> | No Response  | Grimace          | Cough or Sneeze |
| <b>Color</b>               | Blue or pale | Blue Extremities | Completely Pink |

**LIMITED ALS INTERVENTIONS**

1. Obtain vascular access via IV if indicated.
2. Obtain Blood Glucose by heel stick.
3. Contact Base Station if hypovolemia is suspected. Base Station may order 10-20ml/kg IV NS over 5 minutes. If unable to contact Base Station and transport time is extended give 10ml/kg IV NS over 5 minutes, may repeat.